

**TRANSMITTAL
FORM**

Application Serial Number	09/392,842
Filing Date	September 9, 1999
First Named Inventor	Sawan
Group Art Unit	1619
Examiner Name	S. Sharareh
Attorney Docket No.	SUR-008
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Check Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Executed Supplemental Declaration and Power of Attorneys for Utility or Design Patent Application (3 documents)	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings	<input type="checkbox"/> CD(s) for large table or computer program	
[Total Sheets _____]	<input type="checkbox"/> Amendment After Allowance	
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request for Certificate of Correction	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Certificate of Correction (in duplicate)	
<input type="checkbox"/> Form PTO-1449		
<input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission		
<input type="checkbox"/> Paper Copy/CD		
<input type="checkbox"/> Computer Readable Copy		
<input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

Michael H. Brodowski
Michael H. Brodowski
Atty/Agent for Applicant(s)
Testa, Hurwitz & Thibeault, LLP
High Street Tower
125 High Street
Boston, MA 02110

OCT 10 2001

10-10-01

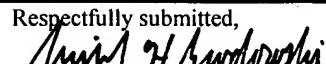
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FEE TRANSMITTAL FY 2002

Complete if Known	
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First Named Inventor	Sawan
Group Art Unit	1619
Examiner Name	S. Sharareh
Attorney Docket No.	SUR-008

METHOD OF PAYMENT				
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				
3. <input checked="" type="checkbox"/> Applicant claims small entity status.				
FEE CALCULATION				
1. FILING FEE				
Large Entity				
Fee (\$)	Fee Description	Fee Paid		
740	Utility filing fee			
330	Design filing fee			
160	Provisional filing fee			
Number Filed	Number Extra	Rate	Amount	
Total Claims	- 20 =	x \$ 18.00 =		
Independent Claims	- 3 =	x \$ 84.00 =		
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =		
		TOTAL: 0.00		
		SMALL ENTITY DISCOUNT: 0.00		
		SUBTOTAL (1) (\$)	0.00	
2. AMENDMENT CLAIM FEES				
Claims	Highest No.	Present	Rate	Fee Paid
Remaining	Previously	Extra		
After Amend.	Paid For			
Total 88	- 88 =	0	x \$ 18.00 =	0.00
Indep. 4	- 4 =	0	x \$ 84.00 =	0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$280.00 =		
		TOTAL: (\$0.00)		
		SMALL ENTITY DISCOUNT: (\$0.00)		
		SUBTOTAL (2) (\$0.00)		
CORRESPONDENCE ADDRESS				
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				

FEE CALCULATION (continued)				
3. ADDITIONAL FEES				
Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description		
130	65	Surcharge - late filing fee or oath		
50	25	Surcharge - late provisional filing fee or cover sheet		
130	130	Non-English specification		
2,520	2,520	Request for ex parte reexamination		
110	55	Extension for reply within first month		
400	200	Extension for reply within second month		
920	460	Extension for reply within third month		
1440	720	Extension for reply within fourth month		
1960	980	Extension for reply within fifth month		
320	160	Notice of Appeal		
320	160	Filing a brief in support of an appeal		
280	140	Request for oral hearing		
130	130	Petitions to the Commissioner		
180	180	Submission of Information Disclosure Statement		
740	370	Filing a submission after final rejection (37 CFR 1.129(a))		
740	370	For each additional invention to be examined (37 CFR 1.129(b))		
100	100	Certificate of Correction for applicant's error		
Other fee (Specify) _____				
Other fee (Specify) _____				
SUBTOTAL (3) (\$)				
460.00				
SUBTOTAL (1) 0.00				
SUBTOTAL (2) 0.00				
SUBTOTAL (3) 460.00				
TOTAL (\$)				
460.00				
SIGNATURE BLOCK				
Respectfully submitted,  Michael H. Brodowski Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110				